

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Committee to Elect Curtis Bostic																												
ADDRESS (number and street) 834 Wapoo Road																												
CITY, STATE, and ZIP CODE Charleston SC 29407																												
2. NAME OF CANDIDATE Curtis Elliott Bostic	3. OFFICE SOUGHT (State and District) House SC 01		4. FEC IDENTIFICATION NUMBER C00540641																									
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																												
<table border="1"> <tr> <td rowspan="2">A. FULL NAME, MAILING ADDRESS AND ZIP CODE Charles Condon 835 Middle Street Sullivans Island SC 29482-8728</td> <td>Name of Employer Self</td> <td rowspan="2">Date (month, day, year) 03/21/2013</td> <td rowspan="2">Amount 1000.00</td> </tr> <tr> <td>Transaction ID : F6.5169 Occupation Attorney</td> </tr> <tr> <td rowspan="2">B. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE Charles Condon 835 Middle Street Sullivans Island SC 29482-8728	Name of Employer Self	Date (month, day, year) 03/21/2013	Amount 1000.00	Transaction ID : F6.5169 Occupation Attorney	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation
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SIGNATURE (optional) Peter Alan Sauer		DATE 03/21/2013	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																									
[Electronically Filed]																												

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)